

Phone: +41 71 231 31 31
Fax: +41 71 231 32 32
Internet: www.sgkb.ch

Hyposwiss Privatbank AG
Schützengasse 4
Postfach 3180
9001 St. Gallen

United States Bankruptcy Court /Southern
District of New York
Lehman Brothers Holdings Claims
Processing Center
c/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150.5076
USA

Date 10.11.2010
Our ref. Sfca-ja (please mention in your answer)
Direct tel. 071 231 31 16 / Jessica Allen
E-mail jessica.allen@sgkb.ch
Directfax

Transfer of Claim

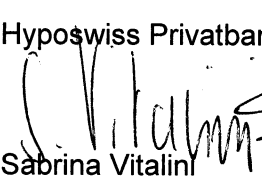
Dear Sir or Madam,

Due to a position transfer of Lehman Brothers Notes, ISIN XS0322153270 from Credit Suisse AG to Hyposwiss Privatbank AG, you will receive the necessary documents for the claim transfer attached.

Please do not hesitate to contact me, if you have any questions.

Yours sincerely

Hyposwiss Privatbank AG


Sabrina Vitalini
Authorised Signature


Pascal Schmid
Member of Management

Form 210A (10/06)

United States Bankruptcy Court

Southern District Of New York

In re Lehman Brothers Holdings Inc., et al., Debtors,

Case No. 08-13555 (JMP)

TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A CLAIM HAS BEEN FILED IN THIS CASE or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives evidence, attached hereto, and notice pursuant to Rule 3001(e)(2), Fed. R. Bankr. P., of the transfer, other than for security, of the claim referenced in this evidence and notice.

Hyposwiss Privatbank AG

Name of Transferee

Name and Address where notices
to transferee should be sent:

Hyposwiss Privatbank AG
Schützengasse 4
8021 Zürich
Switzerland

Phone: 0041 71 231 31 16

Last Four Digits of Acct #: 20.112.528

Name and Address where transferee
payments should be sent (if different
from above):

Phone: _____

Last Four Digits of Acct #: _____

I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

By: 

Transferee/Transferee's Agent

Credit Suisse AG

Name of Transferor

Court Claim # (if known): 55824

Date Claim Filed: 10/29/2009

Amount of Claim:

Portion of Claim Transferred (see

Schedule I): see Evidence of Transfer of Claim, ~~Schedule~~

Schedule 1

Phone: (212)538-9131

Last Four Digits of Acct. #:

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.

Hyposwiss Privatbank AG
Schützengasse 4 · 8021 Zürich

EVIDENCE OF TRANSFER OF CLAIM


TO: THE DEBTOR AND THE BANKRUPTCY COURT

For value received, the adequacy and sufficiency of which are hereby acknowledged, **Credit Suisse AG** ("Transferor") unconditionally and irrevocably transferred to **Hyposwiss Privatbank AG** ("Transferee") all of its right, title, interest, claims and causes of action in and to or arising under or in connection with the portion of its claim (**Claim No. 55824**) of **CHF 40'000** in nominal value/units related to the security with International Securities Identification Number listed on Schedule I hereto against Lehman Brothers Holdings, Inc. (the "Debtor"), Chapter 11 Case No.: 08-13555 (JMP) (Jointly Administered), United States Bankruptcy Court for the Southern District of New York (the "Bankruptcy Court").

Transferor hereby waives any objection to the transfer of the claim to Transferee on the books and records of the Debtor and the Bankruptcy Court and hereby waives to the fullest extent permitted by law any notice or right to a hearing as may be imposed by Rule 3001 of the Federal Rules of Bankruptcy Procedure, the Bankruptcy Code, applicable local bankruptcy rules or applicable law. Transferor acknowledges and understands, and hereby stipulates, that an order of the Bankruptcy Court may be entered without further notice to Transferor regarding the transfer of the foregoing claim and recognizing the Transferee as the sole owner and holder of the claim. Transferor further directs the Debtor, the Bankruptcy Court and all other interested parties that all further notices relating to the claim, and all payments or distributions of money or property in respect of claim, shall be delivered or made to the Transferee.

IN WITNESS WHEREOF, this EVIDENCE OF TRANSFER OF CLAIM IS
EXECUTED ON November 2, 2010.

Credit Suisse AG

By: 

Name: Martina Stettler

Title: Vice President

By: 

Name: Juliette Diallo

Title: Assistant Vice President

SCHEDULE I

Lehman Programs Securities Related to Transferred Portion of Claim:

ISIN	Court Claim #	Date Claim Filed	Issuer	Nominal Amount of Claim related to Security
XS0322153270	55824	October 29, 2009	Lehman Brothers Treasury Co. BV	CHF 40'000

BY Courier

United States Bankruptcy Court
Southern District of New York
Belman Brothers Holdings Claims
Processing Center
c/o Epig Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5076
New York, NY 10150-5076
USA

739396

CH-9001
St. Gallen

11.11.10



DIE POST

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GR

002.00

22221212

Recommended weight

1 = 0.5 kg
2 = 1 kg
3 = 2 kg
4 = 5 kg
5 = 10 kg
6 = 15 kg
7 = 20 kg
8 = 25 kg

ORIGIN
ZGN

DESTINATION CODE
ZYP

8 Services

DOX **DHL**

Origin:
BSL

EXPRESS WORLDWIDE

10150, United States

US-ZYP-TSS

ESO

Day Time

Date: / /

Fee / Sht Weight

KG

1/1

Account No. 150534932

Ref code

Content description:



WAYBILL43 9204 1242



(2L)US10150 + 42000000



(J)JD01 3045 7253 9006 0943

NOV 12 2010

Track this shipment via the DHL Web Site: <http://www.dhl.com>

439 2041 242

ORIGIN
ZGN

DESTINATION CODE
ZYP

8 Services

DOX **DHL**

Origin:
BSL

EXPRESS WORLDWIDE

10150, United States

US-ZYP-TSS

ESO

Day Time

Date: / /

Fee / Sht Weight

KG

1/1

Account No. 150534932

Ref code

Content description:



WAYBILL43 9204 1242



(2L)US10150 + 42000000



(J)JD01 3045 7253 9006 0943

NOV 12 2010

1 Payer account number and insurance details

Shipper's account number: 150534932
Payer's account number: 150534932
Shipper's reference (up to 32 characters but only first 12 will be shown on invoice):
Shipper's insurance see (covered):
Not all payment methods are available in all countries

2 From (Shipper)

Company name: St. Galler Kantonalbank
Address: St. Gallen
Postcode/Zip Code (required): 9001
Phone, Fax (E-mail) (required): +41 71/231 3710

3 To (Receiver)

United States Bankruptcy Court
Southern District of New York
Lehmann Brothers Holdings Claims
Processing Center
c/o Epic Bankruptcy Solutions, LLC
FDR Station
New York, NY 10150-5076
USA

Postcode/Zip Code (required): 10150

Country: USA

Phone, Fax or E-mail (required)

Contact person

7 Shipper's agreement (Signature required)

I, the undersigned, hereby declare that the contents of the package are as stated on the invoice and that the package is in conformity with the applicable regulations of the destination country and that the shipment does not contain cash or other prohibited items.

Signature

ST06/08 F12 CHM